NATIONAL PRE-HOSPITAL & HOSPITAL DATA INTEGRATION LISTENING SESSION SUMMIT

AFTERNOON SESSION

29 January 2020

JW Marriott Hotel

Washington, DC

WHAT WE HEARD

- **Data Integration**

  - What is the most important data? How does it change based on the setting (e.g., in the field vs. in the ER)?

  - Where does the ePCR land in the EHR? In what format?

  - Blog text vs. discrete data readily parsed (e.g., PDF vs. XML)

  - Mapping data from one standard to another; from one software vendor to another

  - Push vs pull: EMS typically enters data, but does data show up in the EHR automatically (push) or does clinician or someone else have to pull it? Technical details can touch on trade-secrets.

  - Culture and workflows can be barriers—deep-set and difficult to change

  - Quality control is hard, time/resource consuming, and necessary

  - Data collected once is more efficient than re-telling the story at every step

  - "Sources of truth" — Multiple sources of the same data / Multiple places to send data

WHAT WE HEARD

- **Data sharing: legal and technical barriers**

  - Misconceptions about HIPAA rules regulating what data hospitals can share with EMS (what EMS has a right to know)

  - Software/technological limitations in ability to segment EHR to share information EMS has a right to know

  - Communication with stakeholders (e.g., HIPAA coordinator, hospital general counsel) on what's allowed (e.g., patient outcomes specific to EMS encounter vs. prior medical history)

  - Defining and implementing sharing of data "minimally necessary for care"

  - Managing access and credentialing

WHAT WE HEARD

- **Standards**

  - Multiple standards/families of standards exist (and continue to evolve) to serve individual purposes (NEMSIS, HL7, FHIR, etc.). Disagreement exists about:

    - how well data can be mapped between standards

    - how well standards can meet requirements outside the target environment

  - Are standards unknown or not implemented? Is it a communication issue or a feasibility/resource issue?

  - Each role in the continuum of care may have different flavor of implementation if not a different standard.

  - NEMSIS has been a success in driving data collection nationally and exchange within EMS; doesn't ensure data exchange between pre-hospital and hospital

  - Need for standards around outcomes to close the loop/provide feedback

  - Standards change over time: systems need to be agile to move with them

WHAT WE HEARD

- **Understanding requirements in pre-hospital care vs. rest of the healthcare system**

  - Pre-hospital care

    - Need for deeper understanding how EMS is integrated in the healthcare system from 911 triage through post-acute care

    - Short patient interactions with limited information and little feedback makes improvement in field diagnosis difficult

    - EMS standards and EHR standards developed independently (e.g., leads to difficulty identifying John/Jane Doe)

    - Patient-matching is major issue

  - Healthcare system

    - Need for better understanding of how the clinicians could/would use the EMS information (not just data)

WHAT WE HEARD

- **Incentivizing Change**
  - Clear, documented authority from HHS Office of Civil Rights on HIPAA rules regulating what hospitals can share with EMS (e.g., what EMS has a right to know)
  - San Diego as a model example that other orgs can follow; HIEs across the country to learn from
  - Incentives for the EMS providers and hospitals entering the data
    - Ensure data quality
    - Avoid data black-hole
  - Creating bridges between "islands of success" (including law enforcement data)
  - Need to balance top-down requirements vs. local, state, regional successes
  - Linking reimbursement system to sharing and use of integrated data
  - Evolving payment models and changing incentive structures
  - Linking Medicare and Medicaid funding to data exchanges

WHAT WE HEARD

- **Value propositions**
  - Improving time-sensitive care
    - Need for contemporaneous data following (or leading) the patient
    - Saving time collecting/re-collecting information from the patient
  - Close the loop
    - Systemic improvements in EMS care by providing timely feedback and patient outcomes
    - Mental health of EMS personnel (validate their role/help them improve)
    - Benchmark performance: Quality and improvement of EMS system
    - Can only improve what you measure well: collect the right data
  - Improvements in education, research, and public health

WHAT WE HEARD

- **Emphasis on patient care beyond the data**
  - Need for real-time communication component to accompany data: data might appear in a chart, but still important to communicate between pre-hospital and hospital care on most clinically relevant information
  - Making the right data/information presented to the right person at the right time
  - Communicate back to the patient

WHAT WE HEARD

- **Patient matching as pre-requisite for many data-integration goals**
    - Patient matching is not a panacea, however
    - HHS still prohibited by law from issuing national patient identifier
    - Takes resources to manually match patients if there's ambiguity; risks of mismatch may not be well understood
    - Legitimate concerns around safety and privacy remain
    - ONC directed by Congress to report on issues of national patient identifier
- **Provider identification is important for tracking/integrating data**